

**Fill in this information to identify the case:**Debtor name **King Par, LLC a/k/a KC Acquisition Company LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**Case number (if known) **16-31984**

CORRECTED

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

**Charter Township of Flint  
1490 S. Dye Road  
Flint, MI 48532**

As of the petition filing date, the claim is:

*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed

Date or dates debt was incurred

**2015 and 2016 Tax Year**

Basis for the claim:

**Personal property taxes**Last 4 digits of account number **6070**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No☐ Yes**Total claim** **Priority amount****\$6,055.62** **\$6,055.62****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address

**A&R COLLECTIBLES  
PO BOX 472  
PROSPECT HEIGHTS, IL 60070**Date(s) debt was incurred **\_**Last 4 digits of account number **\_**As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **\_**Is the claim subject to offset? ☒ No ☐ Yes**Amount of claim****\$0.00**

3.2 Nonpriority creditor's name and mailing address

**ACCELERATOR GOLF, INC  
2713 INDUSTRIAL  
GARLAND, TX 75041**Date(s) debt was incurred **\_**Last 4 digits of account number **\_**As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **\_**Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **King Par, LLC a/k/a KC Acquisition Company LLC**  
Name

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3.3	Nonpriority creditor's name and mailing address <b>ACCOUNT CONTROL TECHNOLOGY, INC</b> <b>P.O. BOX 8012</b> <b>CANOGA PARK, CA 91309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15.00</b>
3.4	Nonpriority creditor's name and mailing address <b>ACCUFLI INC</b> <b>Zhejinag Xht Sports</b> <b>FUYANG CITY, Hangzhou</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,475.00</b>
3.5	Nonpriority creditor's name and mailing address <b>ADAMS GOLF</b> <b>PO BOX 406043</b> <b>ATLANTA, GA 30384-6043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.6	Nonpriority creditor's name and mailing address <b>ADS PLUS</b> <b>767 E Main Street</b> <b>FLUSHING, MI 48433</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$289.00</b>
3.7	Nonpriority creditor's name and mailing address <b>ADVANCED CARRIER TECHNOLOGIES, LLC</b> <b>5119 Highland Rd, #196</b> <b>WATERFORD, MI 48327</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$289.00</b>
3.8	Nonpriority creditor's name and mailing address <b>ADVERTISING SPECIALTY INSTITUTE</b> <b>P.O. Box 15017</b> <b>WILMINGTON, DE 19886</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$396.00</b>
3.9	Nonpriority creditor's name and mailing address <b>AETREX WORLDWIDE</b> <b>414 ALFRED AVE</b> <b>TEANECK, NJ 07666</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.10	Nonpriority creditor's name and mailing address <b>AHEAD HEADGEAR</b> <b>270 SAMUEL BARNET BLVD</b> <b>NEW BEDFORD, MA 02745</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.11	Nonpriority creditor's name and mailing address <b>ALAN BRINK</b> <b>19600 Riverside Dr</b> <b>Beverly Hills, MI 48025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.12	Nonpriority creditor's name and mailing address <b>ALDILA INC</b> <b>14145 Danielson Street, Suite B</b> <b>Poway, CA 92064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.13	Nonpriority creditor's name and mailing address <b>ALLESON ATHLETIC</b> <b>PO BOX 14180</b> <b>ROCHESTER, NY 14614-4180</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.14	Nonpriority creditor's name and mailing address <b>AMERICAN GOLF MARKETING</b> <b>2193 YELLOWSTONE ST</b> <b>GOLDEN, CO 80401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.15	Nonpriority creditor's name and mailing address <b>ANDY GUZIK</b> <b>4324 CLEAR CREEK COURT</b> <b>ROCHESTER HILLS, MI 48306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.16	Nonpriority creditor's name and mailing address <b>ANTIGUA GROUP, INC</b> <b>2903 PAYSHERE CIRCLE</b> <b>CHICAGO, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.17	Nonpriority creditor's name and mailing address <b>AQUARIUS, LTD</b> <b>3200 SOUTH KINGSHIGHWAY</b> <b>ST. LOUIS, MS 63139</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.18	Nonpriority creditor's name and mailing address <b>ARANCO</b> <b>HANA FINANCIAL</b> <b>PO BOX 92943</b> <b>LOS ANGELES, CA 90009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.19	Nonpriority creditor's name and mailing address <b>ARLEN INTERNATIONAL CORPORATION</b> <b>3F, 622 Chung Shan N. Road Sec 5</b> <b>Jhongjheng District</b> <b>TAIPEI, Taiwan 11120-0000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$336,312.00</b>
3.20	Nonpriority creditor's name and mailing address <b>ASHER GOLF</b> <b>953 West Freedom Point Way</b> <b>Bluffdale, UT 84065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.21	Nonpriority creditor's name and mailing address <b>ASHLOR STAFFING SERVICES</b> <b>3710 Davison Rd</b> <b>FLINT, MI 48506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,638.00</b>
3.22	Nonpriority creditor's name and mailing address <b>ASHWORTH INC</b> <b>5545 Fermi Court</b> <b>Carlsbad, CA 92008-7324</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.23	Nonpriority creditor's name and mailing address <b>ATLAS PEN &amp; PENCIL</b> <b>3040 N. 29TH AVE</b> <b>HOLLYWOOD, FL 33022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.24	<b>Nonpriority creditor's name and mailing address</b> <b>AUR</b> <b>104 BARR STREET</b> <b>ST LAURNET, QUEBEC H4T 1Y4</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>AVEO MOR LLC</b> <b>4314 WOODVIEW DR</b> <b>ROGERS, AR 72758</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$122.00</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>BAG BOY CO</b> <b>P O BOX 933671</b> <b>ATLANTA, GA 31193-3671</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>BAG TAG, LLC</b> <b>DBA CUSTOM GOLFING PRODUCTS</b> <b>105 HARDMAN CT</b> <b>S. ST. PAUL, MN 55075</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>BARRACUDA NETWORKS , INC</b> <b>3175 Winchester Blvd</b> <b>CAMPBELL, CA 95008</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>BARTH &amp; MCCALLING, LLC</b> <b>PO BOX 1097</b> <b>SYOSSET, NY 11791</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>BELL WAREHOUSING &amp; MFG. SERV</b> <b>5510 Clio Rd</b> <b>FLINT, MI 48504</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,583.00</b>

3.31	Nonpriority creditor's name and mailing address <b>BELLA ANDMORE CORPORATION</b> <b>13000 DANIELSON ST SUITE J</b> <b>POWAY, CA 92064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.32	Nonpriority creditor's name and mailing address <b>BENETTI &amp; CO</b> <b>727S. STATE COLLEGE BLVD</b> <b>SUITE D</b> <b>FULLERTON, CA 92831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.33	Nonpriority creditor's name and mailing address <b>BERGLUND GOLF SALES</b> <b>444 DORSEYVILLE RD</b> <b>PITTSBURGH, PA 15215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.34	Nonpriority creditor's name and mailing address <b>BERMUDA SANDS</b> <b>900 PRESSLEY ROAD</b> <b>CHARLOTTE, NC 28217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.35	Nonpriority creditor's name and mailing address <b>BETTE &amp; COURT GOLF</b> <b>FANTASI INTERNATIONAL COR</b> <b>P O BOX 140070</b> <b>CORAL GABLES, FL 33114-0070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.36	Nonpriority creditor's name and mailing address <b>BETTINARDI GOLF INC</b> <b>7800 GRAPHIC DRIVE</b> <b>TINLEY PARK, IL 60477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.37	Nonpriority creditor's name and mailing address <b>BILL SWEET</b> <b>1838 DREXEL</b> <b>DEARBORN, MI 48128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.38	Nonpriority creditor's name and mailing address <b>BIONIC LOCKBOX 3317 PO BOX 8500 PHILADELPHIA, PA 19178-3317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.39	Nonpriority creditor's name and mailing address <b>BIRDIE 724 BATTERY STREET SAN FRANCISCO, CA 94111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.40	Nonpriority creditor's name and mailing address <b>BITE LLC TYCO CAPITAL/COMMERCIAL S PO BOX 1036 CHARLOTTE, NC 28201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,854.00</b>
3.41	Nonpriority creditor's name and mailing address <b>BNB GROUP BOSTON P.O. BOX 290502 CHARLESTOWN, MA 02129</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.42	Nonpriority creditor's name and mailing address <b>BOB WIESEN 9303 W STANLEY FLUSHING, MI 48433</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.43	Nonpriority creditor's name and mailing address <b>BOGEY PRO GOLF 600 WASHINGTON AVENUE NORTH #203 MINNEAPOLIS, MN 55401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.44	Nonpriority creditor's name and mailing address <b>BOO WEEKLEY APPAREL 8600 DECAROE LOCAL 12 MONTREAL, QUEBEC H4P 2N2</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.45	Nonpriority creditor's name and mailing address <b>BOYNE COUNTRY SPORTS</b> <b>1200 BAYVIEW RD</b> <b>PETOSKEY, MI 49770</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.46	Nonpriority creditor's name and mailing address <b>BRAD LANGDON</b> <b>208 LABIAN</b> <b>FLUSHING, MI 48433</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.47	Nonpriority creditor's name and mailing address <b>BRENT SPANGENBERG SALES</b> <b>31935 Homewood Place</b> <b>LAGUNA BEACH, CA 92651</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$396.00</b>
3.48	Nonpriority creditor's name and mailing address <b>BRIAN COFFMAN</b> <b>2440 ADARE RD</b> <b>ANN ARBOR, MI 48104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.49	Nonpriority creditor's name and mailing address <b>BRIAN DAMERON</b> <b>50202 HELFER BLVD</b> <b>WIXOM, MI 48393</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.50	Nonpriority creditor's name and mailing address <b>BRIAN MINBIOLE</b> <b>4019 OAK TREE CIRCLE</b> <b>ROCHESTER, MI 48306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.51	Nonpriority creditor's name and mailing address <b>BRIAN WEBBER</b>  <b>FLUSHING</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>



3.52	Nonpriority creditor's name and mailing address <b>BRIDGESTONE SPORT USA INC</b> <b>P.O. BOX 2908</b> <b>CAROL STREAM, IL 60132-2908</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.53	Nonpriority creditor's name and mailing address <b>BRIDGESTONE SPORTS</b> <b>PO BOX 2908</b> <b>CAROL STREAM, IL 60132-2908</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,298.00</b>
3.54	Nonpriority creditor's name and mailing address <b>BUG BAM</b> <b>1629 W 144 STREET #A</b> <b>GARDENA, CA 90247</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.55	Nonpriority creditor's name and mailing address <b>BUGATCHI</b> <b>1290 AVENUE OF THE AMERICAS</b> <b>NEW YORK, NY 10104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.56	Nonpriority creditor's name and mailing address <b>BUICK OPEN</b> <b>535 GRISWOLD ST # 2000</b> <b>DETROIT, MI 48226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.57	Nonpriority creditor's name and mailing address <b>BURTON GOLF INC</b> <b>PO BOX 640870</b> <b>CINCINNATI, OH 45264-0870</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.58	Nonpriority creditor's name and mailing address <b>BUSHNELL CORP</b> <b>P.O. Box 860365</b> <b>Minneapolis, MN 55486-0365</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.59	Nonpriority creditor's name and mailing address <b>CADDY SHACK LIVONIA</b> <b>20694 NEWBURGH RD</b> <b>LIVONIA, MI 48152</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.60	Nonpriority creditor's name and mailing address <b>CADDYPRO GOLF PRODUCTS</b> <b>7023 68 Avenue NW</b> <b>EDMONTON, AB T6B 3E3</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.00</b>
3.61	Nonpriority creditor's name and mailing address <b>CALLAWAY GOLF</b> <b>PO BOX 9002</b> <b>CARLSBAD, CA 92018-9002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$92,225.00</b>
3.62	Nonpriority creditor's name and mailing address <b>CALLAWAY GOLF BALL CO.</b> <b>2180 RUTHERFORD RD.</b> <b>CARLSBAD, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.63	Nonpriority creditor's name and mailing address <b>CALLAWAY GOLF RANGEFINDERS</b> <b>15331 BARRANCA PARKWAY</b> <b>IRVINE, CA 92618</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.64	Nonpriority creditor's name and mailing address <b>CAM GOLF</b> <b>2251 EAST 198TH STREET</b> <b>LYNWOOD, IL 60411</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.65	Nonpriority creditor's name and mailing address <b>CANADIAN AMERICAN</b> <b>PO BOX 90278</b> <b>BURTON, MI 48509</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,396.00</b>

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3.66	Nonpriority creditor's name and mailing address <b>CAROLINA HOSIERY MILLS</b> <b>710 Koury Dr</b> <b>BURLINGTON, NC 27215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,936.00</b>
3.67	Nonpriority creditor's name and mailing address <b>CENTURY MARKETING CORP</b> <b>12836 DIXIE HWY</b> <b>BOWLING GREEN, OH 43402-9697</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,261.00</b>
3.68	Nonpriority creditor's name and mailing address <b>CHAMP</b> <b>140 LOCKE DRIVE</b> <b>MARLBOROUGH, MA 01752</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.69	Nonpriority creditor's name and mailing address <b>CHARTER TOWNSHIP OF FLINT</b> <b>1490 S. Dye Road</b> <b>FLINT, MI 48532</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,529.00</b>
3.70	Nonpriority creditor's name and mailing address <b>CHARTER TWP OF FLINT</b> <b>1490 S. Dye Road</b> <b>FLINT, MI 48532</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,096.00</b>
3.71	Nonpriority creditor's name and mailing address <b>CHERRY CREEK DIST. CO.</b> <b>7488 PARADISE DR</b> <b>GRAND BLANC, MI 48439</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.72	Nonpriority creditor's name and mailing address <b>CHILIWEAR LLC</b> <b>5609 BLESSEY ST. SUITE A</b> <b>HARAHAN, LA 70123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.73	Nonpriority creditor's name and mailing address <b>CHRIS COFFMAN</b> <b>2003 DAY ST</b> <b>ANN ARBOR, MI 48104-3605</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,999.00</b>
3.74	Nonpriority creditor's name and mailing address <b>Chris Sullivan</b> <b>2051 N. Lovington Dr</b> <b>Apt 204</b> <b>Troy, MI 48083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.75	Nonpriority creditor's name and mailing address <b>CINDY SMITH</b> <b>3578 BITTERSWEET</b> <b>COLUMBIAVILLE, MI 48421</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.76	Nonpriority creditor's name and mailing address <b>CINTAS CORPORATION #308</b> <b>4162 S. Dye Rd</b> <b>SWARTZ CREEK, MI 48501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$581.00</b>
3.77	Nonpriority creditor's name and mailing address <b>CLARK HILL</b> <b>P.O. BOX 3760</b> <b>PITTSBURGH, PA 15230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,235.00</b>
3.78	Nonpriority creditor's name and mailing address <b>CLARK HILL PLC</b> <b>P.O. BOX 3760</b> <b>PITTSBURGH, PA 15230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,837.00</b>
3.79	Nonpriority creditor's name and mailing address <b>CLARKE DIST CO</b> <b>9233 BRYANT</b> <b>HOUSTON, TX 77075</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.80	<b>Nonpriority creditor's name and mailing address</b> <b>CLEAR RATE COMMUNICATIONS</b> <b>PO BOX 27308</b> <b>LANSING, MI 48909</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$711.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>CLEVELAND GOLF</b> <b>DEPT 3355</b> <b>PO BOX 123355</b> <b>DALLAS, TX 75312-3355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>CLEVER PRODUCTS</b> <b>5539 WHITEHAVEN DR</b> <b>TROY, MI 48085</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>CLIC GEAR</b> <b>1200 SE 2ND AVE</b> <b>CANBY, OR 97013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>CLUB CLUB, INC</b> <b>17500-C BLOMMFIELD</b> <b>CERRITOS, CA 90703</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>CN IS BELIEVING, INC</b> <b>TIMBERLAKE BUILDING</b> <b>ROUTE 28N</b> <b>ALTON, NH 03809</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>COBRA PUMA GOLF, INC</b> <b>PO BOX 5834</b> <b>CAROL STREAM, IL 60197-5834</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.87	Nonpriority creditor's name and mailing address <b>COMMERCE TECHNOLOGIES</b> <b>25736 Network Place</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$491.00</b>
3.88	Nonpriority creditor's name and mailing address <b>COMMERCEHUB</b> <b>25736 Newwork Place</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$925.00</b>
3.89	Nonpriority creditor's name and mailing address <b>COMPTROLLER OF PUBLIC ACCOUNTS</b> <b>111 East 17th Street</b> <b>AUSTIN, TX 78774</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,110.00</b>
3.90	Nonpriority creditor's name and mailing address <b>CONSUMER TESTING LABORATORIES</b> <b>P.O. BOX 952766</b> <b>ATLANTA, GA 31192-2766</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$246.00</b>
3.91	Nonpriority creditor's name and mailing address <b>CONSUMERS ENERGY</b> <b>P.O. BOX 740309</b> <b>CINCINNATI, OH 45274</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,775.00</b>
3.92	Nonpriority creditor's name and mailing address <b>CREATURE COMFORTS PLUSH TOYS</b> <b>2769 BROADWAY</b> <b>BUFFALO, NY 14227</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.93	Nonpriority creditor's name and mailing address <b>CROCS</b> <b>DEPT 1887</b> <b>7477 East Dry Creek Parkway</b> <b>DENVER, CO 80503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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Name

Case number (if known) **16-31984**

3.94	<b>Nonpriority creditor's name and mailing address</b> <b>CROSSMARK</b> <b>PO BOX 844403</b> <b>DALLAS, TX 75284-4403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16.00</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>CRYSTAL GOLF</b> <b>P.O. BOX 490818</b> <b>LEESBURG, FL 34748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>CUSTOM BRANDED SPORTSWEAR,</b> <b>DBA PING APPAREL</b> <b>PO BOX 413245</b> <b>KANSAS CITY, MO 64141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>CUTTER &amp; BUCK INC</b> <b>P.O. BOX 34855</b> <b>SEATTLE, WA 98124-1855</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>DANCIN' DOGG</b> <b>LB 3336</b> <b>PO BOX 9438</b> <b>MINNEAPOLIS, MN 55440-9438</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$856.00</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>DAPHNE'S HEADCOVERS</b> <b>337 W. MELINDA LANE</b> <b>PHOENIX, AZ 85027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>DATREK PROFESSIONAL BAGS,</b> <b>P O BOX 933671</b> <b>ATLANTA, GA 31193-3671</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.101	Nonpriority creditor's name and mailing address <b>DEAN NAUDI</b> <b>8357 WINTERS LANE</b> <b>WHITMORE LAKE, MI 48189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.102	Nonpriority creditor's name and mailing address <b>DEAN SNOW PLOWING</b> <b>7372 Calkins Rd</b> <b>FLINT, MI 48532</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360.00</b>
3.103	Nonpriority creditor's name and mailing address <b>DECO LECO LLC</b> <b>PO BOX 1793</b> <b>ROWLETT, TX 75030-1793</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.104	Nonpriority creditor's name and mailing address <b>DESCENTE</b> <b>502 WEST 300 SOUTH</b> <b>SALT LAKE CITY, UTAH 84101-0000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.105	Nonpriority creditor's name and mailing address <b>DESIGNS BY DEE DEE</b> <b>947 8TH AVENUE</b> <b>P.O. BOX 1282</b> <b>COLUMBUS, GA 31902</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,968.00</b>
3.106	Nonpriority creditor's name and mailing address <b>DEVANT SPORT TRAVEL</b> <b>3011 WAKEUP</b> <b>MONROE, NC 28110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.107	Nonpriority creditor's name and mailing address <b>DEXTER SHOE CO INC</b> <b>P O BOX 26802</b> <b>NEW YORK, NY 10087-6802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



3.108	Nonpriority creditor's name and mailing address <b>Digital Medics</b> <b>230 N State Road</b> <b>Davison, MI 48423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.109	Nonpriority creditor's name and mailing address <b>DILLARDS DEPT STORES, INC.</b> <b>6000 W. Markham</b> <b>LITTLE ROCK, AR 72201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,465.00</b>
3.110	Nonpriority creditor's name and mailing address <b>DIVIX GOLF INC</b> <b>1050 PIONEER WAY</b> <b>SUITE G</b> <b>EL CAJON, CA 92020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.111	Nonpriority creditor's name and mailing address <b>DOEREN MAYHEW INSURANCE GROUP</b> <b>305 W. Big Beaver Rd</b> <b>TROY, MI 48084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>
3.112	Nonpriority creditor's name and mailing address <b>DON DENYER</b> <b>24446 REDWING DR</b> <b>NOVI, MI 48374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.113	Nonpriority creditor's name and mailing address <b>DORFMAN-PACIFIC CO., INC</b> <b>NW 5412</b> <b>PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-5412</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.114	Nonpriority creditor's name and mailing address <b>DOSKOCIL MANUFACTURING CO.,INC.</b> <b>P.O. BOX 849863</b> <b>DALLAS, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.115	Nonpriority creditor's name and mailing address <b>DOUG BETHEL SALES INC.</b> <b>750 Veterans Parkway</b> <b>LAKE GENEVA, WI 43147</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,051.00</b>
3.116	Nonpriority creditor's name and mailing address <b>DRENALINE PRODUCTS, LLC</b> <b>P.O. BOX 482</b> <b>EXCELSIOR, MN 55331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.117	Nonpriority creditor's name and mailing address <b>DUCK PRESS</b> <b>3957 EAST SPEEDWAY SUITE 202</b> <b>TUCSON, AZ 85712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,760.00</b>
3.118	Nonpriority creditor's name and mailing address <b>DUNHAM'S SPORTS</b> <b>4273 CORUNNA RD</b> <b>FLINT, MI 48532-4184</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.119	Nonpriority creditor's name and mailing address <b>DYNAMIC BRANDS</b> <b>2701 EMERYWOOD PKWY #100</b> <b>HENRICO, VA 23294</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.120	Nonpriority creditor's name and mailing address <b>EASTER SEALS MICHIGAN INC</b> <b>1420 W THIRD AVE</b> <b>FLINT, MI 48504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121	Nonpriority creditor's name and mailing address <b>EASTERN PACIFIC APPAREL</b> <b>P.O. BOX 72</b> <b>BRATTLEBORO, VT 05302-0072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.122	Nonpriority creditor's name and mailing address <b>EATON CORPORATION</b> <b>PO BOX 93531</b> <b>CHICAGO, IL 60673-3531</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.123	Nonpriority creditor's name and mailing address <b>ECCO</b> <b>P.O. BOX 83360</b> <b>WOBURN, MA 01813-3360</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,937.00</b>
3.124	Nonpriority creditor's name and mailing address <b>ENCORE GROUP</b> <b>P.O. BOX 847186</b> <b>BOSTON, MA 02284-7186</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,566.00</b>
3.125	Nonpriority creditor's name and mailing address <b>ESTES EXPRESS LINES</b> <b>3901 West Broad Street</b> <b>RICHMOND, VA 23230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,112.00</b>
3.126	Nonpriority creditor's name and mailing address <b>ETONIC WORLDWIDE LLC</b> <b>PO BOX 414935</b> <b>BOSTON, MA 02244-1493</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.127	Nonpriority creditor's name and mailing address <b>EYEKING</b> <b>160 TERMINAL DRIVE</b> <b>PLAINVIEW, NY 11803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.128	Nonpriority creditor's name and mailing address <b>FAIRWAY &amp; GREENE</b> <b>New Willowbend Golf and Country Club Inc</b> <b>130 Willowbend Dr</b> <b>Mashpee, ma 02649</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.129	Nonpriority creditor's name and mailing address <b>FAIRWAY OUTFITTERS CIT GROUP PO BOX 1036 CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.130	Nonpriority creditor's name and mailing address <b>FAIRWAY STYLES 1811 HUGENOT ROAD SUITE 204 MIDLOTHIAM, VA 22113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.131	Nonpriority creditor's name and mailing address <b>FANMATS LLC 3255 SHAWNEE IND W SUWANEE, GA 30024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.132	Nonpriority creditor's name and mailing address <b>Fathead LLC 28765 Network Place Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$117.00</b>
3.133	Nonpriority creditor's name and mailing address <b>FAY KENRICK G-3530 Flushing Road FLINT, MI 48504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.134	Nonpriority creditor's name and mailing address <b>FEDEX 351 32nd Street PITTSBURGH, PA 15201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$501.00</b>
3.135	Nonpriority creditor's name and mailing address <b>FIDRA 5600 ARGOSY CIRCLE #300 HUNTINGTON BEACH, CA 92649</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **King Par, LLC a/k/a KC Acquisition Company LLC**  
Name

Case number (if known) **16-31984**

3.136	<b>Nonpriority creditor's name and mailing address</b> <b>FIFTH THIRD BANK - SMARTMOVE</b> <b>1850 East Paris Avenue SE</b> <b>GRAND RAPIDS, MI 49546</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,012.00</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>FINETUNEGOLF</b> <b>P.O. BOX 293157</b> <b>DAVIE, FL 33327</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>FLETCHER LEISURE GROUP INC</b> <b>104 RUE BARR STREET</b> <b>SAINT LAURENT, QUEBEC H4T 1Y4</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>FOOTJOY INC</b> <b>P O BOX 88112</b> <b>CHICAGO, IL 60695-1112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>FOREMOST GOLF MFG., LTD</b> <b>2F No. 16 Lane 3 Ji Hu Road</b> <b>Nei Hu Chu</b> <b>TAIPEI, TAIWAN 11475-0000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90,282.00</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>FORMOSA GOLF CORPORATION</b> <b>2nd FI No. 103 Nan Yeh Rd Chen Zuh</b> <b>KAOHSIUNG, TAIWAN</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61,804.00</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>FORRESTER'S INC</b> <b>17230 NE SACRAMENTO ST</b> <b>PORTLAND, OR 97230-5940</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,360.00</b>

Debtor **King Par, LLC a/k/a KC Acquisition Company LLC**  
Name

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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>FOURTEEN GOLF INC</b> <b>18271 WEST MCDURMOTT</b> <b>SUITE F</b> <b>IRVINE, CA 92614</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>FROGGER</b> <b>PO BOX 2044</b> <b>BEND, OR 97709-4041</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>FUJIKURA COMPOSITE AMERICA, INC</b> <b>1483 POINSETTIA AVE</b> <b>SUITE 103</b> <b>VISTA, CA 92081</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>FUNDEX GAMES</b> <b>FUNDEX GAMES/LOCKBOX</b> <b>P.O. BOX 95169</b> <b>PALATINE, IL 60095-0169</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>G T &amp; T SALES</b> <b>915 WILSON AVENUE</b> <b>KITCHENER, ON N2C 1J1</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>GALLANT BELT COMPANY</b> <b>1421 RICHARDSON ST</b> <b>PO BOX 27002</b> <b>BALTIMORE, MD 21230-0002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>GAME GOLF</b> <b>520 TOWNSEND AVE.</b> <b>SUITE 300</b> <b>SAN FRANCISCO, CA 94103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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Name

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3.150	Nonpriority creditor's name and mailing address <b>GAME WEAR, INC</b> <b>70 HUDSON ST</b> <b>SECOND FLOOR</b> <b>HOBOKEN, NJ 07030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.151	Nonpriority creditor's name and mailing address <b>Garb, Inc.</b> <b>730 SOUTH JASON ST., UNIT 34</b> <b>DENVER, CO 80223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.152	Nonpriority creditor's name and mailing address <b>GARMIN</b> <b>1200 E 151ST STREET</b> <b>OLATHE, KS 66062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153	Nonpriority creditor's name and mailing address <b>GARSEN GOLF LLC</b> <b>444 BRICKHILL AVENUE</b> <b>MIAMI, FL 33131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,828.00</b>
3.154	Nonpriority creditor's name and mailing address <b>GARY DOMAGALSKI</b> <b>3942 CROOKED CREEK</b> <b>OKEMOS, MI 48864</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.155	Nonpriority creditor's name and mailing address <b>GARY HUMENNY</b> <b>300 WEST HICKORY GROVE</b> <b>BLOOMFIELD HILL, MI 48302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.156	Nonpriority creditor's name and mailing address <b>GATORMADE GOLF</b> <b>PO Box 129</b> <b>ESTERIO, FL 33929</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.157	Nonpriority creditor's name and mailing address <b>GEAR FOR SPORTS 12193 COLLECTIONS CENTER CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,140.00</b>
3.158	Nonpriority creditor's name and mailing address <b>GERBER GOLF 17195 SILVER PARKWAY # 326 FENTON, MI 48430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.159	Nonpriority creditor's name and mailing address <b>GH GRIFFITH HACK 161 COLLINS ST LEVEL 10 MELBOURNE VIC, AUSTRALIA 03000-0000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,937.00</b>
3.160	Nonpriority creditor's name and mailing address <b>GIFT BOX CORP OF AMERICA 305 VETERANS BLVD CARLSTADT, NJ 07072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,891.00</b>
3.161	Nonpriority creditor's name and mailing address <b>GILLROYS 6443 W PIERSON RD FLUSHING, MI 48433</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43.00</b>
3.162	Nonpriority creditor's name and mailing address <b>GLEN ECHO GOLF WEAR REMIT: CIT GROUP COMM SER P O BOX 1036 CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.163	Nonpriority creditor's name and mailing address <b>GLOVE IT 537 S 48th ST SUITE 106 TEMPE, AZ 85281</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



3.164	Nonpriority creditor's name and mailing address <b>GOLF APPAREL BRANDS</b> <b>13301 S MAIN STREET</b> <b>LOS ANGELES, CA 90061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.165	Nonpriority creditor's name and mailing address <b>GOLF AROUND THE WORLD, INC</b> <b>1396 N. KILLIAN DRIVE</b> <b>UNIT B</b> <b>LAKE PARK, FL 33403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.166	Nonpriority creditor's name and mailing address <b>GOLF BUDDY</b> <b>20 CENTERPOINTE DR</b> <b>Suite 140</b> <b>LA PALMA, CA 90623</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.167	Nonpriority creditor's name and mailing address <b>Golf County Inc</b> <b>4730 Smiths Creek Road</b> <b>Kimball, MI 48074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,190.00</b>
3.168	Nonpriority creditor's name and mailing address <b>GOLF DESIGN, INC</b> <b>11591 MARKON DR</b> <b>GARDEN GROVE, CA 92841</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.169	Nonpriority creditor's name and mailing address <b>GOLF ELEMENT</b> <b>3700 22ND ST. SUITE B</b> <b>SAN FRANCISCO, CA 94114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.170	Nonpriority creditor's name and mailing address <b>GOLF GIFTS &amp; GALLERY</b> <b>P.O. BOX 166</b> <b>N. 1675 POWERS LAKE ROAD</b> <b>POWERS LAKE, WI 53159-9999</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.171	Nonpriority creditor's name and mailing address <b>GOLF LIQUIDATORS 230 ANCHOR RD UNIT 3 HAMILTON, ON L8W3R2</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.172	Nonpriority creditor's name and mailing address <b>GOLF LOGISTICS, LTD 244-258 DES VOEUX RD W SUITE 1807-8 SAI YING PUN, HONG KONG</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$118,045.00</b>
3.173	Nonpriority creditor's name and mailing address <b>GOLF MANIA OUTLET 12247 S BEYER ROAD SUITE B050 BIRCH RUN, MI 48415</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.174	Nonpriority creditor's name and mailing address <b>GOLF MICHIGAN PLAYBOOK PO BOX 733 ROCKFORD, MI 49341</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.175	Nonpriority creditor's name and mailing address <b>Golf Shops Inc. 17822 GEORGETOWN LN HUNTINGTON BEACH, CA 92647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.176	Nonpriority creditor's name and mailing address <b>GOLF TECH SYSTEMS LTD  TAIWAN</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,600.00</b>
3.177	Nonpriority creditor's name and mailing address <b>GOLFKNICKERS 9 MORRIS LANE CLIFTON PARK, NY 12065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.178	<b>Nonpriority creditor's name and mailing address</b> <b>GOLFSMITH INTERNATIONAL</b> <b>11000 NORTH IH-35</b> <b>AUSTIN, TX 78753-3195</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>GOLFTINI</b> <b>545 ALDEN AVE</b> <b>WESTFIELD, NJ 07090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>GOLFWORKS</b> <b>4820 JACKSONTOWN RD</b> <b>HEATH, OH 43056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>GOLHER</b> <b>P.O. BOX 282</b> <b>LIVINGSTON, NJ 07039</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>GORMAN GOLF PRODUCTS, INC</b> <b>24520 W. 12 MILE ROAD</b> <b>SOUTHFIELD, MI 48034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>GPG CREATIVE DIAPLAY, LLC</b> <b>110 KNAPP DRIVE</b> <b>SUITE 117-135</b> <b>BATTLE CREEK, MI 49015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT DIVIDER GOLF, INC</b> <b>621 CORPORATE CIRCLE BLD</b> <b>GOLDEN, CO 80401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.185	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT LAKES PKG SUPPLY, INC</b> <b>21641 MEYERS DRIVE</b> <b>OAK PARK, MI 48237</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,781.00</b>
3.186	<b>Nonpriority creditor's name and mailing address</b> <b>GREENHOUSE INT'L LLC</b> <b>300 CREEK VIEW RD</b> <b>SUITE 101</b> <b>NEWARK, DE 19711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.187	<b>Nonpriority creditor's name and mailing address</b> <b>GREENKEEPERS</b> <b>2170 BENNETT ROAD</b> <b>PHILADELPHIA, PA 19116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.188	<b>Nonpriority creditor's name and mailing address</b> <b>GREG MOORE</b> <b>618 JENNINGS LANDING</b> <b>BATTLE CREEK, MI 49015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.189	<b>Nonpriority creditor's name and mailing address</b> <b>GREG NORMAN COLLECTION</b> <b>THE CIT GROUP</b> <b>COMMERICAL SERVICES, INC</b> <b>CHARLOTTE, NC 28201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$158.00</b>
3.190	<b>Nonpriority creditor's name and mailing address</b> <b>GRIP GUIDES</b> <b>B10 LLC</b> <b>736 NORTH WESTERN AVE</b> <b>LAKE FOREST, IL 60045</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>H&amp;H, LLC</b> <b>1194 WINTERCREST CIRLCE</b> <b>MILFORD, OH 45150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>H2GOLF COMPANY LLC</b> <b>32788 HUPA DRIVE</b> <b>TEMECULA, CA 92592</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>HABITAT INTERNATIONAL INC</b> <b>8811 PRODUCTION LANE</b> <b>CHATTANOOGA, TN 37363</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>HARRISON</b> <b>13215 LOUVRE STREET</b> <b>PACOIMA, CA 91331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>HARRY VARDON GOLF</b> <b>1220 EAST 7TH STREET</b> <b>WINONA, MN 55987</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>HARVEY LOPEZ</b> <b>13400 BLANCO RD</b> <b>SAN ANTONIO, TX 78216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>HEARTLAND CONSUMER PRODUCTS, LLC</b> <b>18615 DETROIT AVE., STE 203</b> <b>LAKEWOOD, OH 44107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>HEATMAX, INC</b> <b>PO BOX 1191</b> <b>DALTON, GA 30721</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.199	Nonpriority creditor's name and mailing address <b>HI-TEC PO BOX 60000 SAN FRANCISCO, CA 94160</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.200	Nonpriority creditor's name and mailing address <b>High Five 1040 Cottonwood Avenue Suite 300 Hartland, WI 53029</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.201	Nonpriority creditor's name and mailing address <b>HILLERICH &amp; BRADSBY CO. LOCKBOX #3317 PO BOX 8500 PHILADELPHIA, PA 19178-3317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.202	Nonpriority creditor's name and mailing address <b>HJGLOVE P.O. BOX 3037 THOUSAND OAKS, CA 91359</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.203	Nonpriority creditor's name and mailing address <b>HOLE INONE PO BOX 6504 SAGINAW, MI 48608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.204	Nonpriority creditor's name and mailing address <b>HONMA GOLF 809 SPRING FOREST RD SUITE 800 RALEIGH, NC 27609-9198</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.205	Nonpriority creditor's name and mailing address <b>HORNUNG'S P.O. BOX 1078 FOND DU LAC, WI 54936-1078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.206	Nonpriority creditor's name and mailing address <b>HUFFY SPORTS CANADA INC C/O HUNTINGTON NATIONAL BANK 41 SOUTH HIGH STREET 5TH FL COLUMBUS, OH 43260-2493</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.00</b>
3.207	Nonpriority creditor's name and mailing address <b>I GOTCHA GOLF 701 FOREST VIEW CT WINTER SPRINGS, FL 32708</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.208	Nonpriority creditor's name and mailing address <b>I. STERN &amp; COMPANY 3405 SW COLLEGE RD STE 113 OCALA, FL 34474-4475</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.209	Nonpriority creditor's name and mailing address <b>IDB FACTORS GRAND CENTRAL STATION P.O. BOX 4711 NEW YORK, NY 10163-4711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.210	Nonpriority creditor's name and mailing address <b>IMPERIAL HEADWEAR INC P.O. BOX 790051 ST. LOUIS, MO 63179-0051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.211	Nonpriority creditor's name and mailing address <b>IMPORT MERCHANDISERS INC. P.O. BOX 337 N11254 INDUSTRIAL LANE ELCHO, WI 54428-0337</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.212	Nonpriority creditor's name and mailing address <b>INDUSTRIAL BAG AND SPECIALTIES 2325 JOHN B STREET WARREN, MI 48091</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.213	<b>Nonpriority creditor's name and mailing address</b> <b>INTERACTIVE FRONTIERS, INC</b> <b>6134 GOTFREDSON RD</b> <b>PLYMOUTH, MI 48170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.214	<b>Nonpriority creditor's name and mailing address</b> <b>INTERNAL REVENUE SERVICE</b> <b>324 25TH ST</b> <b>OGDEN, UT 84201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$254.00</b>
3.215	<b>Nonpriority creditor's name and mailing address</b> <b>INTERNATIONAL BUSINESS MACHINES</b> <b>P.O. BOX 643600</b> <b>PITTSBURGH, PA 15264-3600</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,070.00</b>
3.216	<b>Nonpriority creditor's name and mailing address</b> <b>INTERNATIONAL GOLF</b> <b>17822 GEORGETOWN LANE</b> <b>HUNTINGTON BEACH, MI 92647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>INTERTEK TESTING SERVICES HONG KONG</b> <b>GARMENT CTR, NO. 12 HILL</b> <b>579-586 CASTLE PEAK RD</b> <b>HONG KONG</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>IRA STERN</b> <b>I. STERN &amp; CO., INC</b> <b>200 S.E. HWY 84</b> <b>OCALA, FL 34480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>IRON GLOVES INC</b> <b>15863 N GREENWAY HAYDEN L</b> <b>SUITE #117</b> <b>SCOTTSDALE, AZ 85260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.220	Nonpriority creditor's name and mailing address <b>IZOD G PORTER CAPITAL CORPORATION P.O. BOX 12105 BIRMINGHAM, AL 35202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.221	Nonpriority creditor's name and mailing address <b>J &amp; M GOLF 319 INDUSTRIAL DR GRIFFITH, IN 46319</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,478.00</b>
3.222	Nonpriority creditor's name and mailing address <b>J LINDEBERG 54 E GREEN STREET NEW YORK, NY 10013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.223	Nonpriority creditor's name and mailing address <b>J.T.D. ENTERPRISES, INC 5510 EAST TEN MILE ROAD WARREN, MI 48091</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.224	Nonpriority creditor's name and mailing address <b>JAMIE SADOCK LLC 7 WEST 18TH ST 2ND FLOOR NEW YORK, NY 10011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.225	Nonpriority creditor's name and mailing address <b>JD GROUP 7111 DIXIE HWY #125 CLARKSTON, MI 48346</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.226	Nonpriority creditor's name and mailing address <b>JEFF THORNHILL 840 SHORE GROVE CIRCLE #302 AUBURN HILLS, MI 48326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.227	<b>Nonpriority creditor's name and mailing address</b> <b>JIM BUELOW</b> <b>2803 ROYAL VIEW DR</b> <b>OAKLAND, MI 48363</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Jimmy Hack Golf LLC</b> <b>PO Box 1175</b> <b>Easley, SC 29641</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,362.00</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>JMW GOLF</b> <b>954 E JUANITA AVE</b> <b>MESA, AZ 85204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.230	<b>Nonpriority creditor's name and mailing address</b> <b>JOFIT GOLF WEAR</b> <b>995 MEARNS RD</b> <b>WARMINSTER, PA 18974</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN JENKINS</b> <b>8143 OLD MILL DR</b> <b>PICKNEY, MI 48169</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.232	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN T LINDHOLM, TRUSTEE</b> <b>G-9460 S. Saginaw Rd</b> <b>Suite a</b> <b>GRAND BLANC, MI 48439</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,712.00</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNNY APPLESEED INC.</b> <b>735 SURFWOOD LANE</b> <b>DAVISON, MI 48423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104.00</b>

3.234	<b>Nonpriority creditor's name and mailing address</b> <b>JP BEDARD</b> <b>649 ALBERT ST</b> <b>FORT ERIE, ON L2A 6R8</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.235	<b>Nonpriority creditor's name and mailing address</b> <b>JP LANN GOLF</b> <b>NEFOUSE ENTERPRISES, INC</b> <b>4320 DELEMERE COURT</b> <b>ROYAL OAK, MI 48073</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.236	<b>Nonpriority creditor's name and mailing address</b> <b>JP8 Logistic Services LLC</b> <b>5630 CERRITOS AVENUE</b> <b>CYPRESS, CA 90630</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,015.00</b>
3.237	<b>Nonpriority creditor's name and mailing address</b> <b>JR286, INC</b> <b>DEPT 2150</b> <b>DENVER, CO 80291-2150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.238	<b>Nonpriority creditor's name and mailing address</b> <b>JULIE SWARTZ</b> <b>3005 CHEYENNE AVENUE</b> <b>FLINT, MI 48507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.239	<b>Nonpriority creditor's name and mailing address</b> <b>Justin McNeil</b> <b>8708 Thorntree</b> <b>Grosse Ile, MI 48138</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.240	<b>Nonpriority creditor's name and mailing address</b> <b>K-TOOL INTERNATIONAL</b> <b>31111 WIXOM ROAD</b> <b>WIXOM, MI 48393</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.241	Nonpriority creditor's name and mailing address <b>K. BELL SPORT SOCKS 550 N OAK ST INGLEWOOD, CA 90302-2942</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.242	Nonpriority creditor's name and mailing address <b>KADENA USA INC. 7319 W. DEAN ROAD MILWAUKEE, WI 53223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.243	Nonpriority creditor's name and mailing address <b>KARSTEN MFG CO PO BOX 52450 PHOENIX, AZ 85072-2450</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,666.00</b>
3.244	Nonpriority creditor's name and mailing address <b>KELLY KUHLMAN LLC 916 EASTGATE DR FRANKENMUTH, MI 48734</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.245	Nonpriority creditor's name and mailing address <b>KEN MOORE 23890 NORTHLINE TAYLOR, MI 48180</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.246	Nonpriority creditor's name and mailing address <b>KENEWELL GROUP 3031 W THOMPSON RD FENTON, MI 48430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,216.00</b>
3.247	Nonpriority creditor's name and mailing address <b>KINGSTAR SPORTS LIMITED SIMA INDUSTRIAL ZONE CHANGXIE ROAD CHANG PING ZEN DOUNGGUAN CITY, GUANDONG PRC</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,638.00</b>

3.248	Nonpriority creditor's name and mailing address <b>KINSEY'S 1660 STEEL WAY DR MOUNT JOY, PA 17552-9515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.249	Nonpriority creditor's name and mailing address <b>KLONE LAB, LLC NB GOLF LICENSEE 9 WATER ST AMESBURY, MA 01913</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.250	Nonpriority creditor's name and mailing address <b>KOOLATRON 27 CATHARINE AVE BRANTFORD, ONTARIO N3T 1X5</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.251	Nonpriority creditor's name and mailing address <b>KYE POWER 467 PATTEN HILL RD CANDIA, NH 03034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.252	Nonpriority creditor's name and mailing address <b>KYNE SPORT 406 MARSH DUCK WAY VIRGINIA BEACH, VA 23451</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.253	Nonpriority creditor's name and mailing address <b>LADY'S FIRST 374 STRAWHILL ROAD SE CLEVELAND, TN 37323</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.254	Nonpriority creditor's name and mailing address <b>LAMKIN CORPORATION 6530 GATEWAY PARK DR SAN DIEGO, CA 92154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.255	<b>Nonpriority creditor's name and mailing address</b> <b>LANTIS EYEWEAR CORP</b> <b>P O BOX 17019</b> <b>NEWARK, NJ 07194</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.256	<b>Nonpriority creditor's name and mailing address</b> <b>LASER LABEL TECHNOLOGIES</b> <b>P.O. BOX 743243</b> <b>ATLANTA, GA 30374-3243</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,225.00</b>
3.257	<b>Nonpriority creditor's name and mailing address</b> <b>LASER LINK</b> <b>4027 OWL CREEK DRIVE</b> <b>MADISON, WI 53718</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.258	<b>Nonpriority creditor's name and mailing address</b> <b>LAVA MARKETING GROUP</b> <b>15331 BARRANCA PARKWAY</b> <b>IRVING, CA 92618</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.259	<b>Nonpriority creditor's name and mailing address</b> <b>LB BELT COMPANY</b> <b>9300 CUNNINGHAM RD</b> <b>CINCINNATI, OH 45243</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.260	<b>Nonpriority creditor's name and mailing address</b> <b>LEASE OPERATIONS</b> <b>PO BOX 935204</b> <b>ATLANTA, GA 31193-5204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,127.00</b>
3.261	<b>Nonpriority creditor's name and mailing address</b> <b>LEEGIN LEATHER PRODUCTS</b> <b>14022 NELSON AVENUE</b> <b>CITY OF INDUST, CA 91746</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.262	Nonpriority creditor's name and mailing address <b>LEUPOLD</b> <b>14400 NW GREENBRIER PARKWAY</b> <b>BEAVERTON, OR 97006-5790</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.263	Nonpriority creditor's name and mailing address <b>LIFE IS GOOD</b> <b>15 HUDSON PARK DRIVE</b> <b>HUDSON, NH 03051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.264	Nonpriority creditor's name and mailing address <b>LIJA</b> <b>#610 - 13211 DELF PLACE</b> <b>RICHMOND, B.C. V6V 2A2</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.265	Nonpriority creditor's name and mailing address <b>LINE-UP FOR SPORT</b> <b>14312 CHAMBERS RD SUITE B</b> <b>TUSTIN, CA 92780</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.266	Nonpriority creditor's name and mailing address <b>LINGHUI GOLF ACCESSORIES FACTORY</b> <b>NO A48 GAO YU SOUTH ROAD</b> <b>PINGSHAN INDUSTRIAL AREA</b> <b>523710 TANGXIA TOWN</b> <b>DONGGUAN CITY, GUANDONG PRC</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$908,848.00</b>
3.267	Nonpriority creditor's name and mailing address <b>LINKS CHOICE</b> <b>4545 KIDSDAIRY RD</b> <b>SCOTTSVILLE, VA 24590</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.268	Nonpriority creditor's name and mailing address <b>LINKS WALKER</b> <b>4800 126 AVE N</b> <b>CLEARWATER, FL 33762</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.269	Nonpriority creditor's name and mailing address <b>LINKSOUL</b> <b>530 S COAST HWY</b> <b>OCEANSIDE, CA 92054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,189.00</b>
3.270	Nonpriority creditor's name and mailing address <b>LIQUIDMETAL GOLF</b> <b>PAYABLE:TO THE CIT GROUP</b> <b>P O BOX 1036</b> <b>CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.271	Nonpriority creditor's name and mailing address <b>LIZ CLARIBORNE INC</b> <b>PO BOX 70675</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.272	Nonpriority creditor's name and mailing address <b>LJC GOLF COMPANY</b> <b>1390A ENGINEIR ST</b> <b>VISTA, CA 92081</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.273	Nonpriority creditor's name and mailing address <b>LOFT8 PERFORMANCE APPAREL</b> <b>345 NUGGET AVENUE, NO. 14</b> <b>SCARBOROUGH, ON M1S 4J4</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,000.00</b>
3.274	Nonpriority creditor's name and mailing address <b>LONDON FOG GOLF</b> <b>DIV. OF THE WEATHER COMPANY</b> <b>10 STATION PLACE, STE 19</b> <b>METUCHEN, NJ 08840</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.275	Nonpriority creditor's name and mailing address <b>LORI JOHNSON</b> <b>19839 MERIDIAN</b> <b>GROSSE ILE, MI 48138</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.276	Nonpriority creditor's name and mailing address <b>M L WILSON CO P O BOX 361608 MELBOURNE, FL 32936</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.277	Nonpriority creditor's name and mailing address <b>M&amp;M WATCH 23679 CALABASAS RD #100 CALABASAS, CA 91302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.278	Nonpriority creditor's name and mailing address <b>M.A.S. INDUSTRIES 1050 PILGRIM RD PLYMOUTH, WI 53073</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.279	Nonpriority creditor's name and mailing address <b>MACGREGOR GOLF COMPANY P.O. BOX 601574 CHARLOTTE, NC 28260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.280	Nonpriority creditor's name and mailing address <b>MACNEILL ENGINEERING 140 LOCKE DRIVE MARLBOROUGH, MA 01752</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.281	Nonpriority creditor's name and mailing address <b>MACNEILL ENGINEERING COMPANY, INC. 140 LOCKE DRIVE MARLBOROUGH, MA 01752</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85,788.00</b>
3.282	Nonpriority creditor's name and mailing address <b>MADRONA CONCEPTS, LLC DBA RIFE PUTTERS INTERNATIONAL 13620 NE 20TH STREET, SUITE Q BELLEVUE, WA 98005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.283	<b>Nonpriority creditor's name and mailing address</b> <b>MAERSK LOGISTIC</b> <b>18215 EAST ROWLAND ST</b> <b>CITY OF INDUSTRY, CA 91748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,864.00</b>
3.284	<b>Nonpriority creditor's name and mailing address</b> <b>MALIN DISTRIBUTORS/TRI CITY</b> <b>9094 E POTTER RD</b> <b>FOUNTAIN SUPPLY</b> <b>DAVISON, MI 48423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,599.00</b>
3.285	<b>Nonpriority creditor's name and mailing address</b> <b>MAPLE HILL GOLF</b> <b>5555 IVANREST SW</b> <b>GRANDVILLE, MI 49418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.286	<b>Nonpriority creditor's name and mailing address</b> <b>MARCIA</b> <b>20740 PLUMMER ST</b> <b>CHATSWORTH, CA 91311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.287	<b>Nonpriority creditor's name and mailing address</b> <b>MARI COPENHAVER</b> <b>5331 PINWOOD DR</b> <b>BIRGHTON, MI 48116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.288	<b>Nonpriority creditor's name and mailing address</b> <b>MARK R. WHRITNER</b> <b>5027 MT HARRIS DR</b> <b>SAN DIEGO, CA 92117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.00</b>
3.289	<b>Nonpriority creditor's name and mailing address</b> <b>MARTINI TEES</b> <b>5275 DIXIE HWY</b> <b>SUITE C6</b> <b>WATERFORD, MI 48329</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.290	<b>Nonpriority creditor's name and mailing address</b> <b>MAUI JIM</b> <b>6534 EAGLE WAY</b> <b>CHICAGO, IL 60678-1065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.291	<b>Nonpriority creditor's name and mailing address</b> <b>MAXWELLS WHOELSALE</b> <b>24 WOODLAWN AVE</b> <b>PO BOX 311</b> <b>WINDER, GA 30680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.292	<b>Nonpriority creditor's name and mailing address</b> <b>MAXX DISTRIBUTION</b> <b>7431 S MADISON ST</b> <b>TACOMA, WA 98409</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$103.00</b>
3.293	<b>Nonpriority creditor's name and mailing address</b> <b>MAXX SUNGLASSES</b> <b>P.O. BOX 3110</b> <b>MONUMENT, OHIO 80132-0000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.294	<b>Nonpriority creditor's name and mailing address</b> <b>MCLAREN MEDICAL MANAGEMENT</b> <b>PO BOX 7700</b> <b>DEPT. 77672</b> <b>DETROIT, MI 48277-0672</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$197.00</b>
3.295	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICUS - RMG</b> <b>2845 INTERSTATE PARKWAY</b> <b>BRUNSWICK, OH 44212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.296	<b>Nonpriority creditor's name and mailing address</b> <b>MEREDITH MARKVA</b> <b>1477 LAURENTAIN PASS</b> <b>FLINT, MI 48532</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.297	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL P.C. SHAW</b> <b>116 AZALEA DRIVE</b> <b>SUMMERVILLE, SC 29485</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$208.00</b>
3.298	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Rutt</b> <b>1283 DESIAX</b> <b>Bloomfield Hills, MI 48302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,335.00</b>
3.299	<b>Nonpriority creditor's name and mailing address</b> <b>MIKE GARRISON</b> <b>23545 HICKORY GROVE</b> <b>NOVI, MI 48375</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.300	<b>Nonpriority creditor's name and mailing address</b> <b>MILLIONAIRE GALLERY</b> <b>4231 S.W. 71ST AVE</b> <b>MIAMI, FL 33155</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.301	<b>Nonpriority creditor's name and mailing address</b> <b>MIURA GOLF INC</b> <b>5489 BYRNE ROAD</b> <b>UNIT 160</b> <b>BURNABY, BC V5J 3J1</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.302	<b>Nonpriority creditor's name and mailing address</b> <b>MIZUNO GOLF COMPANY</b> <b>P O DRAWER 101831</b> <b>ATLANTA, GA 30392-1831</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,862.00</b>
3.303	<b>Nonpriority creditor's name and mailing address</b> <b>MOLHIMAWK INC</b> <b>519 OXFORD ST</b> <b>SAN FRANCISCO, CA 94134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.304	Nonpriority creditor's name and mailing address <b>MOMENTUS GOLF</b> <b>500 N LINCOLN ST</b> <b>MOUNT PLEASANT, IA 52641</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.305	Nonpriority creditor's name and mailing address <b>MONTEREY CLUB</b> <b>A.M. PLAYER</b> <b>12338 LOWER AZUSA RD</b> <b>ARCADIA, CA 91006-5872</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.306	Nonpriority creditor's name and mailing address <b>MOTOR CITY GOLF WAREHOUSE</b> <b>42875 GRAND RIVER AVE</b> <b>SUITE 101</b> <b>NOVI, MI 48375</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.307	Nonpriority creditor's name and mailing address <b>MV SPORT</b> <b>88 SPENCE ST</b> <b>PO BOX 9171</b> <b>BAYSHORE, NY 11706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.308	Nonpriority creditor's name and mailing address <b>NANCY HOWLES</b> <b>3691 BARN MEADOW LANE</b> <b>LAKE ORION, MI 48362</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.309	Nonpriority creditor's name and mailing address <b>NANCY LOPEZ GOLF</b> <b>185 WEBER STREET SOUTH</b> <b>WATERLOO, ONTARIO N2J 2B1</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.310	Nonpriority creditor's name and mailing address <b>NATIONAL GOLF ART</b> <b>27639 GRATIOT AVE</b> <b>ROSEVILLE, MI 48066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.311	Nonpriority creditor's name and mailing address <b>NAVIKA USA INC 6 JOURNEY SUITE 375 ALISO VIEJO, CA 92656</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.312	Nonpriority creditor's name and mailing address <b>NEEDLE &amp; THREADS 1407 BROADWAY SUITE 3704 NEW YORK, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.313	Nonpriority creditor's name and mailing address <b>NEO FIBER INDUSTRIAL CO. LTD. RM 04 7/F SUNBEAN CENTER KOWLOON, HONG KONG</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,779.00</b>
3.314	Nonpriority creditor's name and mailing address <b>NEVER COMPROMISE P O BOX 520900 SALT LAKE CITY, UT 84152-0900</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.315	Nonpriority creditor's name and mailing address <b>NEW BALANCE 2600 LUCIEN WAY SUITE 100 MAITLAND, FL 32751</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,385.00</b>
3.316	Nonpriority creditor's name and mailing address <b>NEW CENTURY DISPLAYS 201 OVERLAND PARK PLACE NEW CENTURY, KS 66031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.317	Nonpriority creditor's name and mailing address <b>NEWPORT SPORTSWEAR THE CIT GROUP PO BOX 1036 CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.318	Nonpriority creditor's name and mailing address <b>NICK PRICE COLLECTION</b> <b>PO BOX 5364</b> <b>PINEHURST, NC 28374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.319	Nonpriority creditor's name and mailing address <b>NICKENT GOLF</b> <b>1028 LAWSON STREET</b> <b>CITY OF INDUSTRY, CA 91748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.320	Nonpriority creditor's name and mailing address <b>NIKE INC</b> <b>8987 N. CENTRAL EXPY</b> <b>NORTH PARK CENTER</b> <b>DALLAS, TX 75225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$163,660.00</b>
3.321	Nonpriority creditor's name and mailing address <b>NIKE INC</b> <b>8987 N. CENTRAL EXPY</b> <b>NORTH PARK CENTER</b> <b>DALLAS, TX 75225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109,684.00</b>
3.322	Nonpriority creditor's name and mailing address <b>NIKE VISION, TIMING &amp; TECHLAB, LP</b> <b>P.O. BOX 849765</b> <b>DALLAS, TX 75284-9765</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.323	Nonpriority creditor's name and mailing address <b>NINGBO WENTAI SPORTS EQUIPMENT CO., LTD</b>  <b>XINQI TOWN</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91,062.00</b>
3.324	Nonpriority creditor's name and mailing address <b>NIVO SPORTS</b> <b>5290 BOUL THIMENS</b> <b>ST-LAURENT, QUEBEC H4R 2B2</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.325	Nonpriority creditor's name and mailing address <b>OAKHURST GOLF LLC 7000 OAKHURST LANE CLARKSTON, MI 48348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.326	Nonpriority creditor's name and mailing address <b>OAKLEY, INC. 1 ICON FOOTHILL RANCH, CA 92610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,971.00</b>
3.327	Nonpriority creditor's name and mailing address <b>OFFICE DEPOT DEPARTMENT 77877 6600 NORTH MILITARY TRAIL BACO RATON, FL 33496</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.00</b>
3.328	Nonpriority creditor's name and mailing address <b>OGIO INTERNATIONAL, INC LOCKBOX #774447 4447 SOLUTIONS CENTER CHICAGO, IL 60677-4004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,455.00</b>
3.329	Nonpriority creditor's name and mailing address <b>ORION ENERGY SYSTEMS, INC PO BOX 7278 ATTN: FINANCE PROGRAMS ST CLOUD, MN 56302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,751.00</b>
3.330	Nonpriority creditor's name and mailing address <b>ORKIN PEST CONTROL 3179 SHATTUCK RD SAGINAW, MI 48603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$121.00</b>
3.331	Nonpriority creditor's name and mailing address <b>OUTDOOR CUSTOM SPORTWEAR LLC 7007 COLLEGE BOULEVARD #200 OVERLAND PARK, KS 66211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,995.00</b>



3.332	Nonpriority creditor's name and mailing address <b>OUTKAST, INC, 940 MINNESOTA AVE DULUTH, MN 55802</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.333	Nonpriority creditor's name and mailing address <b>OXFORD INDUSTRIES INC 12564 COLLECTIONS CENTER CHICAGO, IL 60693</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.334	Nonpriority creditor's name and mailing address <b>P&amp;M GLOBAL SUITE 334 6290 RONALD REAGAN DR LAKE ST LOUIS, MO 63367</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.335	Nonpriority creditor's name and mailing address <b>P&amp;W Golf Supply, LLC 300 Bond St. Elk Grove Village, IL 60007</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.336	Nonpriority creditor's name and mailing address <b>PACIFIC GOLF ACCESSORIES 7874 SW NIMBUS AVE BEAVERTON, OR 97008</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.337	Nonpriority creditor's name and mailing address <b>PADERSON SPORTING GOODS No. 18, 37th ROAD TAICHUNG, TAIWAN</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42,178.00</b>
3.338	Nonpriority creditor's name and mailing address <b>Page &amp; Tuttle 301 North Broom Suite 200 Madison, WI 53703</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.339	Nonpriority creditor's name and mailing address <b>PARAMOUNT APPAREL PO BOX 790051 ST LOUIS, MO 63179-0051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,619.00</b>
3.340	Nonpriority creditor's name and mailing address <b>PAUL COTEY ENTERPRISES 915 WILSON AVE KITCHNER, ON N2C 1J1</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.341	Nonpriority creditor's name and mailing address <b>PAULA K TAYLOR 18W 102 RODGERS COURT DARIEN, IL 60561</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.342	Nonpriority creditor's name and mailing address <b>PERFECT CLUB LLC ATTN BESSIE 125 EAST MARKS ST ORLANDO, FL 32803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.343	Nonpriority creditor's name and mailing address <b>PETE DELANO 18115 RIVERSIDE DRIVE BEVERLY HILLS, MI 48025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.344	Nonpriority creditor's name and mailing address <b>PIPER GOLF ENTERPRISES 30 KIRKS COURT ROCHESTER HILLS, MI 48309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,709.00</b>
3.345	Nonpriority creditor's name and mailing address <b>PITNEY BOWES PO BOX 371887 PITTSBURGH, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$814.00</b>

3.346	Nonpriority creditor's name and mailing address <b>PLAY IT AGAIN SPORTS</b> <b>6300 WHITE LANE STE</b> <b>BAKERSFIELD, CA 93309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$164.00</b>
3.347	Nonpriority creditor's name and mailing address <b>PLYMOUTH PACKAGING INC</b> <b>1133 GENERAL DRIVE</b> <b>DRAWER #641698</b> <b>DETROIT, MI 48170</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,474.00</b>
3.348	Nonpriority creditor's name and mailing address <b>POCKETEC INC</b> <b>50 NE DIXIE HWY E7</b> <b>STUART, FL 34994</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.349	Nonpriority creditor's name and mailing address <b>POLARA GOLF</b> <b>2380 CAMINO VIDA ROBLE</b> <b>SUITE E</b> <b>CARLSBAD, CA 92011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.350	Nonpriority creditor's name and mailing address <b>PORTERLINE</b> <b>3629 THIRD AVE, SUITE 5</b> <b>SAN DIEGO, CA 92103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$871.00</b>
3.351	Nonpriority creditor's name and mailing address <b>POSTMASTER</b>  <b>FLINT, MI 48501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$686.00</b>
3.352	Nonpriority creditor's name and mailing address <b>POWER BALANCE, LLC</b> <b>30012 IVY GLENN DRIVE</b> <b>SUITE 170</b> <b>LAGUNA NIGUEL, CA 92677</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **King Par, LLC a/k/a KC Acquisition Company LLC**  
Name

Case number (if known) **16-31984**

3.353	<b>Nonpriority creditor's name and mailing address</b> <b>Power Bilt Golf</b> <b>72-370 QUARRY TRAIL</b> <b>THOUSAND PALMS, CA 92276</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.354	<b>Nonpriority creditor's name and mailing address</b> <b>PREMIUM SALES</b> <b>10231 B TOPANGA CANYON BL</b> <b>CHATSWORTH, CA 91311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.355	<b>Nonpriority creditor's name and mailing address</b> <b>PRIDE GOLF TEE CO</b> <b>BOX 88879</b> <b>MILWAUKEE, WI 53288-0879</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.356	<b>Nonpriority creditor's name and mailing address</b> <b>PRINCIPAL RESOURCES, LLC</b> <b>P O BOX 270107</b> <b>MINNEAPOLIS, MN 55427-0107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.357	<b>Nonpriority creditor's name and mailing address</b> <b>PRINCIPLE PLASTICS</b> <b>1136 W. 135TH ST</b> <b>GARDENA, CA 90247</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$596.00</b>
3.358	<b>Nonpriority creditor's name and mailing address</b> <b>PRO GOLF BALL SRVS LTD</b> <b>12505 REED RD, SUITE 200</b> <b>SUGARLAND, TX 77478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.359	<b>Nonpriority creditor's name and mailing address</b> <b>PRO LINE SPORTS, INC</b> <b>107 COMMERCE WAY</b> <b>SANFORD, FL 32771</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **King Par, LLC a/k/a KC Acquisition Company LLC**  
Name

Case number (if known) **16-31984**

3.360	Nonpriority creditor's name and mailing address <b>PRO SATURN INDUSTRIAL CO. NO. 4211, CAOAN ROAD HUANGDU TOWN JIADING DISTRICT SHANGHAI, PRC</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,899,016.00</b>
3.361	Nonpriority creditor's name and mailing address <b>PROACTIVE SPORTS, INC. 1200 S E. 2ND AVENUE CANBY, OR 97013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.362	Nonpriority creditor's name and mailing address <b>PROGENT INFORMATION TECHNOLOGY PO BOX 254737 SACRAMENTO, CA 95865-4737</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$374.00</b>
3.363	Nonpriority creditor's name and mailing address <b>PROSHIP 400 N EXECUTIVE DR BROOKFIELD, WI 53005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,236.00</b>
3.364	Nonpriority creditor's name and mailing address <b>PUKKA GOLF 1800 PRODUCTION DR PO BOX 773 FINDLAY, OH 45839</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.365	Nonpriority creditor's name and mailing address <b>PUMA NORTH AMERICA, INC. PO BOX 5130 CAROL STREAM, IL 60197-5130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.366	Nonpriority creditor's name and mailing address <b>PURE SPIN SPORTS PO BOX 5486 EL MONTE, CA 91734</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.367	Nonpriority creditor's name and mailing address <b>Q-LINK GOLF</b> <b>2901 WEST COAST HWY #310</b> <b>NEWPORT BEACH, CA 92663</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.368	Nonpriority creditor's name and mailing address <b>QINGDAO JINBAI PRECISE METALS CO., LTD</b>  <b>QUNDAGO CITY</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,512.00</b>
3.369	Nonpriority creditor's name and mailing address <b>QUIVER DISTRIBUTION, LLC</b> <b>P.O. BOX 2416</b> <b>BEND, OR 97709</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.370	Nonpriority creditor's name and mailing address <b>R. D. FRANCHI, CPA, PLLC</b> <b>5330 HIGHLAND ROD</b> <b>WATERFORD, MI 48327</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,552.00</b>
3.371	Nonpriority creditor's name and mailing address <b>RALPH LAUREN</b> <b>POLO GOLF</b> <b>4100 BEECHWOOD DRIVE</b> <b>GREENSBORO, NC 27410</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,765.00</b>
3.372	Nonpriority creditor's name and mailing address <b>RANGE SERVANT</b> <b>3000 CENTER PLACE</b> <b>SUITE 300</b> <b>NORCROSS, GA 30093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.373	Nonpriority creditor's name and mailing address <b>RAY COOK GOLF COMPANY</b> <b>P O BOX 951526</b> <b>DALLAS, TX 75395-1526</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.374	Nonpriority creditor's name and mailing address <b>RED LION MFG INC. PO BOX 360286 PITTSBURGH, PA 15250-6286</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.375	Nonpriority creditor's name and mailing address <b>REDSTONE REMIT GMAC COMM CREDIT LL PO BOX 403161 ATLANTA, GA 30384-3161</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.376	Nonpriority creditor's name and mailing address <b>REFINER GOLF 6405 S. TEXPOINT HOMOSASSA, FL 34446</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.377	Nonpriority creditor's name and mailing address <b>REGENT SPORTS CORPORATION P.O. BOX 11357 HAUPPAUGE, NY 11788</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.378	Nonpriority creditor's name and mailing address <b>RELOAD RECYCLE GOLF BALLS 12505 REED RD STE 150 SUGAR LAND, TX 77478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.379	Nonpriority creditor's name and mailing address <b>REMEDY GOLF 5125 CONVOY ST SUITE 209 SAN DIEGO, CA 92111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.380	Nonpriority creditor's name and mailing address <b>RETAIL NAVIGATOR CONSULTING, INC. 388 JASMINE STREET LAGUNA BEACH, CA 92651</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,260.00</b>

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3.381	Nonpriority creditor's name and mailing address <b>REYN SPOONER CAPITAL FACTORS PO BOX 79 MEMPHIS, TN 38101-0079</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.382	Nonpriority creditor's name and mailing address <b>RG CONCEPTS PO BOX 811 ORTONVILLE, MI 48462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.383	Nonpriority creditor's name and mailing address <b>RICH IMPORTS 2601A TAMPA EAST BLVD TAMPA, FL 33619</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.384	Nonpriority creditor's name and mailing address <b>RINNA JONES &amp; ASS. LLC 1161 EMERALD FOREST DAVISON, MI 48423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.385	Nonpriority creditor's name and mailing address <b>ROB BACKUS 15732 CRYSTAL DOWNS E NORTHVILLE, MI 48168</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.386	Nonpriority creditor's name and mailing address <b>ROCHESTER SHOE TREE COMPA PO BOX 55395 BOSTON, MA 02205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.387	Nonpriority creditor's name and mailing address <b>ROCKET TOUR 1999 BEACON CT BOULDER, CO 80302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.388	Nonpriority creditor's name and mailing address <b>ROSASEN CLOTHING 7771 MELROSE AVE LOS ANGELES, CA 90046</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.389	Nonpriority creditor's name and mailing address <b>ROSENTHAL &amp; ROSENTHAL P.O. BOX 88926 CHICAGO, IL 60695-1926</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.390	Nonpriority creditor's name and mailing address <b>ROSS, STUART AND DAWSON INC 691 N SQUIRREL RD, SUITE 175 AUBURN HILLS, MI 48326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
3.391	Nonpriority creditor's name and mailing address <b>ROVER GOLF P.O. BOX 162521 ALTAMONTE SPRINGS, FL 32716</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.392	Nonpriority creditor's name and mailing address <b>ROYAL LINKS 5500 EAST FLAMINGO RD LAS VEGAS, NV 89122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,300.00</b>
3.393	Nonpriority creditor's name and mailing address <b>ROYAL TEES GOLF LLC 2000 TOWNLEY STREET JACKSON, MI 49203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$351.00</b>
3.394	Nonpriority creditor's name and mailing address <b>RSG PUBLISHING, INC P O BOX 2612 DEARBORN HTS, MI 48123-2612</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.395	<b>Nonpriority creditor's name and mailing address</b> <b>Rule Golf</b> <b>2521 EAST SKYLINE DRIVE</b> <b>SALT LAKE CITY, UT 84108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.396	<b>Nonpriority creditor's name and mailing address</b> <b>S.H.E. 4LIFE, LLC</b> <b>3116 N HUNTINGTON RD.</b> <b>MARION, IN 46952</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.397	<b>Nonpriority creditor's name and mailing address</b> <b>SABONA OF LONDON UNLIMITE</b> <b>609 DAXIS BLVD</b> <b>P.O. BOX 1429</b> <b>SIKESTON, MO 63801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.398	<b>Nonpriority creditor's name and mailing address</b> <b>SAFETY-KLEEN SYSTEMS, INC</b> <b>P.O. BOX 382066</b> <b>PITTSBURG, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$214.00</b>
3.399	<b>Nonpriority creditor's name and mailing address</b> <b>SAM'S CLUB</b> <b>4373 CORUNNA ROAD</b> <b>FLINT, MI 48532</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187.00</b>
3.400	<b>Nonpriority creditor's name and mailing address</b> <b>SANDBAGGERS</b> <b>70 CENTER ST</b> <b>P.O. BOX 17677</b> <b>PORTLAND, ME 04112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.401	<b>Nonpriority creditor's name and mailing address</b> <b>SANSABELT SYSTEM</b> <b>REMIT:HART SCHAFFNER &amp; MARX</b> <b>3249 PAYSHERE CIRCLE</b> <b>CHICAGO, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.402	Nonpriority creditor's name and mailing address <b>SAVANT GPS, LLC</b> <b>6814 GANT ROAD</b> <b>SUITE 124</b> <b>HOUSTON, TX 77066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.403	Nonpriority creditor's name and mailing address <b>SCANNA CO., LTD</b> <b>No 91 Lane 55 Sec 4</b> <b>Hai Dein Road</b> <b>TAINAN, Taiwan R.O.C.</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,527.00</b>
3.404	Nonpriority creditor's name and mailing address <b>SCORE BAND</b> <b>612 JOHNNIE DODDS BLVD</b> <b>SUITE A1</b> <b>MT PLEASANT, SC 29464</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.405	Nonpriority creditor's name and mailing address <b>SEEMORE</b> <b>277 MALLORY STATION</b> <b>SUITE 119</b> <b>FRANKLIN, TN 37067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.406	Nonpriority creditor's name and mailing address <b>SHIN-WOO IND. CORP.</b> <b>456-2 CHUJA-RI OPO-EUP</b> <b>KWANGJU-SI, GYEONGGI-DO</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$164,401.00</b>
3.407	Nonpriority creditor's name and mailing address <b>SHOPATRON, INC</b> <b>NORTH AMERICA</b> <b>PO BOX 5351</b> <b>SAN LOUIS, CA 93403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.408	Nonpriority creditor's name and mailing address <b>SHRED EXPERTS</b> <b>1595 CHAMPAGNE</b> <b>SAGINAW, MI 48532</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.00</b>

3.409	Nonpriority creditor's name and mailing address <b>SHUN XING LONG GOLF PRODUCTS CO., LTD</b> <b>NO 13 ZHU JIANG RD BIJIANG IND ZONE SHUNDE, FOSHAN CITY</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,913.00</b>
3.410	Nonpriority creditor's name and mailing address <b>SIEGFRIED THE CIT GROUP</b> <b>PO BOX 1036 CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.411	Nonpriority creditor's name and mailing address <b>SIGNATURE PROMOTIONS</b> <b>6215 MCKENZIE DRIVE FLINT, MI 48507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.412	Nonpriority creditor's name and mailing address <b>SISKIYOU GIFTS</b> <b>3551 AVION DR MEDFORD, OR 97504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,930.00</b>
3.413	Nonpriority creditor's name and mailing address <b>SISKIYOU GIFTS</b> <b>3551 AVION DR. MEDFORD, OR 97504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.414	Nonpriority creditor's name and mailing address <b>SKB CORPORATION</b> <b>434 W LEVERS PLACE ORANGE, CA 92667</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.415	Nonpriority creditor's name and mailing address <b>SKECHERS SHOE CO.</b> <b>PO BOX 74008181 CHICAGO, IL 60674-8181</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.416	Nonpriority creditor's name and mailing address <b>SKLZ 23 NEWTON DRIVE STE 130 CARLSBAD, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.417	Nonpriority creditor's name and mailing address <b>skygolf P.O. BOX 2960 RIDGELAND, MS 39158</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.418	Nonpriority creditor's name and mailing address <b>SLAZENGER GOLF PRODUCTS P O BOX 692066 CINCINNATI, OH 45269-2066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.419	Nonpriority creditor's name and mailing address <b>SMACK APPAREL COMPANY 2310 W STATE ST TAMPA, FL 33609</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.420	Nonpriority creditor's name and mailing address <b>SMART PATH SYSTEMS, INC 1245 CHAMPA STREET FOURTH FLOOR DENVER, CO 80204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.421	Nonpriority creditor's name and mailing address <b>SMARTWOOL P.O. BOX 771978 1978 SOLUTIONS CENTER CHICAGO, IL 60677-1009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.422	Nonpriority creditor's name and mailing address <b>SOCIAL SECURITY ADMINISTRATION WILKES-BARRE DATA OPERATIONS 7 WILKES-BARRE BLVD 102 WILKES-BARRE, PA 18702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.00</b>

3.423	<b>Nonpriority creditor's name and mailing address</b> <b>SOFTSPIKES, INC.</b> <b>PO BOX 631501</b> <b>BALTIMORE, MD 21263-1501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.424	<b>Nonpriority creditor's name and mailing address</b> <b>SOLUS GOLF</b> <b>2600 FRANKLIN RD</b> <b>NASHVILLE, TN 37204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.425	<b>Nonpriority creditor's name and mailing address</b> <b>SONARTEC</b> <b>1939 PALOMAR OAKS WAY</b> <b>SUITE B</b> <b>CARLSBAD, CA 92009-1311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.426	<b>Nonpriority creditor's name and mailing address</b> <b>SPANNER LIMITED</b> <b>334A MANITOU DRIVE</b> <b>KITCHENER, ON N2C 1L3</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.427	<b>Nonpriority creditor's name and mailing address</b> <b>SPARTAN DISTRIBUTORS, INC.</b> <b>P.O. BOX 672995</b> <b>DETROIT, MI 48267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,840.00</b>
3.428	<b>Nonpriority creditor's name and mailing address</b> <b>SPECIALIZED MARKETING</b> <b>8220 ELMBROOK DR</b> <b>DALLAS, TX 75247</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,083.00</b>
3.429	<b>Nonpriority creditor's name and mailing address</b> <b>SPIRIT LEATHERWORKS, L.L.C.</b> <b>P.O. BOX 75359</b> <b>CHICAGO, IL 60675-5359</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,482.00</b>

3.430	Nonpriority creditor's name and mailing address <b>SPOONER SALES INC</b> <b>4072 N DORT HWY</b> <b>FLINT, MI 48506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,566.00</b>
3.431	Nonpriority creditor's name and mailing address <b>SPORT HALEY, INC.</b> <b>THE CIT GROUP COMMERCIAL</b> <b>SERVICE INC.</b> <b>CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.432	Nonpriority creditor's name and mailing address <b>SPORTS PROMOTION</b> <b>4425 SUTTON PLACE SW</b> <b>GRANDVILLE, MI 49418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.433	Nonpriority creditor's name and mailing address <b>SPORTS SENSORS INC</b> <b>11351 EMBASSY DR</b> <b>CINCINNATI, OH 45240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.434	Nonpriority creditor's name and mailing address <b>SPRING MOUNTAIN WATER CO</b> <b>425 S DORT HWY</b> <b>FLINT, MI 48503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91.00</b>
3.435	Nonpriority creditor's name and mailing address <b>SRIXON SPORTS USA</b> <b>DEPT. 3355</b> <b>PO BOX 123355</b> <b>DALLAS, TX 75312-3355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,380.00</b>
3.436	Nonpriority creditor's name and mailing address <b>SSAM SPORTS, INC/PUTTER WHEEL</b> <b>441 FAIRVIEW AVENUE</b> <b>FAIRVIEW, NJ 07022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.437	Nonpriority creditor's name and mailing address <b>ST ANDREWS PRODUCTS 500 MARINER DRIVE MICHIGAN CITY, IN 46360</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,387.00</b>
3.438	Nonpriority creditor's name and mailing address <b>ST. JOHN'S MARKETING NOVELTY AND PROMOTIONAL ITEMS 18408 BLUE HERON DRIVE WEST NORTHVILLE, MI 48168</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.439	Nonpriority creditor's name and mailing address <b>STATE COMPTROLLER 111 E. 17th Street AUSTIN, TX 78711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,216.00</b>
3.440	Nonpriority creditor's name and mailing address <b>STATE OF MICHIGAN MICHIGAN DEPARTMENT OF TREASURY LANSING, MI 48922</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,000.00</b>
3.441	Nonpriority creditor's name and mailing address <b>STERLING CUT GLASS 3233 MINEOLA PIKE ERLANGER, KY 41018-1027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.442	Nonpriority creditor's name and mailing address <b>STERLING FACTORS CORPORATION P.O. BOX 742 MIDTOWN STATION NEW YORK, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.443	Nonpriority creditor's name and mailing address <b>STEWART CHARLEY VENTURES LLC 2525 VAN NESS AVE # 206 SAN FRANCISCO, CA 94109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.444	Nonpriority creditor's name and mailing address <b>STRAIGHT DOWN CLOTHING CO FIRST CAPITAL WESTERN REGION PO BOX 643382 CINCINNATI, OH 45264-3382</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.445	Nonpriority creditor's name and mailing address <b>STRIKFORCE BOWLING LLC 2001 W. PARKES DRIVE BROADVIEW, IL 60155</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.446	Nonpriority creditor's name and mailing address <b>STYLO 2609 FAIRWAY LANE FORT GRATIOT, MI 48059</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.447	Nonpriority creditor's name and mailing address <b>SUE WOODSUM 19880 PIERSON DR NORTHVILLE, MI 48167</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.448	Nonpriority creditor's name and mailing address <b>SULLIVANS CATERING SERVICE 4070 ELMS RD FLUSHING, MI 48433</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,595.00</b>
3.449	Nonpriority creditor's name and mailing address <b>SUMMIT IMPORT &amp; EXPORT INTERNATIONAL LTD 27TH FLOOR, ISLAND CENTRE 470 RECLAMATION STREET KOWLOON MONGKOK, HONG KONG</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,136.00</b>
3.450	Nonpriority creditor's name and mailing address <b>SUN BAN FASHIONS 600 FOUTH AVENUE BROOKLYN, NY 11215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.451	Nonpriority creditor's name and mailing address <b>SUN BAN FASHIONS</b> <b>600 FOURTH AVE</b> <b>BROOKLYN, NY 11215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.452	Nonpriority creditor's name and mailing address <b>SUN MOUNTAIN SPORTS</b> <b>P O BOX 7727</b> <b>MISSOULA, MT 59807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.453	Nonpriority creditor's name and mailing address <b>SUN N SAND ACCESSORIES</b> <b>1813 109TH ST</b> <b>GRAND PRAIRIE, TX 75050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.454	Nonpriority creditor's name and mailing address <b>SUN PRODUCTS USA</b> <b>P.O. BOX 154</b> <b>HOPKINS, MN 55343</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.455	Nonpriority creditor's name and mailing address <b>SUNDOG MIDWEST</b> <b>336 MCKEE ST</b> <b>BATAVIA, IL 60510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.456	Nonpriority creditor's name and mailing address <b>SUNDOG SPORT EYEWEAR USA</b> <b>291 KING STREET</b> <b>SUITE 700</b> <b>LONDON, ON N6B 1R8</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.457	Nonpriority creditor's name and mailing address <b>SUNFISH</b> <b>1104 RIVERWOOD DR</b> <b>NASHVILLE, TN 37216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.458	Nonpriority creditor's name and mailing address <b>SUNICE</b> <b>13354 COLLECTIONS CENTER</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.459	Nonpriority creditor's name and mailing address <b>SUNSET GOLF</b> <b>PO BOX 89</b> <b>LOUDONVILLE, OH 44842</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.460	Nonpriority creditor's name and mailing address <b>SUPER STROKE</b> <b>29706 WEST TECH DRIVE</b> <b>WIXOM, MI 48393</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.461	Nonpriority creditor's name and mailing address <b>SUPPLY CHAIN SHIPPING LLC</b> <b>4607 44TH STREET SE</b> <b>KENTWOOD, MI 48512</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$173,604.00</b>
3.462	Nonpriority creditor's name and mailing address <b>SUPREME INTERNATIONAL</b> <b>P O BOX 277017</b> <b>ATLANTA, GA 30384-7017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.463	Nonpriority creditor's name and mailing address <b>SWIFTWICK</b> <b>PO BOX 2363</b> <b>BRENTWOOD, TN 37024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.464	Nonpriority creditor's name and mailing address <b>SWING SCIENCE</b> <b>PO BOX 501816</b> <b>INDIANAPOLIS, IN 46250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.465	Nonpriority creditor's name and mailing address <b>SWING SOCK</b> <b>PO BOX 590</b> <b>BENTONVILLE, AR 72712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.466	Nonpriority creditor's name and mailing address <b>SWINGWING GOLF</b> <b>4767 RAVINEWOOD DRIVE</b> <b>COMMERCE TWP, MI 48382</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.467	Nonpriority creditor's name and mailing address <b>SWITCH</b> <b>22000 NORTH PARK DRIVE</b> <b>KINGWOOD, TX 77339</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,740.00</b>
3.468	Nonpriority creditor's name and mailing address <b>TACKI-MAC GRIPS</b> <b>22000 NORTH PARK DRIVE</b> <b>KINGWOOD, TX 77339</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,471.00</b>
3.469	Nonpriority creditor's name and mailing address <b>TAIL INC</b> <b>GREAT CIRCLE VENTURES HOLDING, LLC</b> <b>P.O. BOX 105328</b> <b>ATLANTA, GA 30348-5328</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.470	Nonpriority creditor's name and mailing address <b>TAKE 2 AUTHENTICS</b> <b>1216 SOUTHBOUND GRATIOT AVE</b> <b>MT. CLEMENTS, MI 48043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.471	Nonpriority creditor's name and mailing address <b>TASK PERFORMANCE GROUP</b> <b>2340 S ARLINGTON HEIGHTS RD</b> <b>ARLINGTON HEIGHTS, IL 60005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,410.00</b>

3.472	Nonpriority creditor's name and mailing address <b>Tattoo Golf</b> <b>2764 A LINCOLN S</b> <b>BURBANK, CA 91504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.473	Nonpriority creditor's name and mailing address <b>TAYLOR MADE GOLF</b> <b>5545 FERMI CT</b> <b>CARLSBAD, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,073.00</b>
3.474	Nonpriority creditor's name and mailing address <b>TAYLOR MADE-ADIDAS GOLF</b> <b>MAXFLI DIVISION</b> <b>P O BOX 406043</b> <b>ATLANTA, GA 30384-6043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76.00</b>
3.475	Nonpriority creditor's name and mailing address <b>TAYLORMADE-ADIDAS GOLF CO</b> <b>5545 FERMI CT</b> <b>CARLSBAD, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.476	Nonpriority creditor's name and mailing address <b>TEAM EFFORT, INC.</b> <b>P.O. BOX 243</b> <b>120 9TH STREET</b> <b>CLARION, IA 50525</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.477	Nonpriority creditor's name and mailing address <b>TEAM EFFORT  INC.</b> <b>P.O. BOX 243</b> <b>120 9TH STREET</b> <b>CLARION, IA 50525</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.478	Nonpriority creditor's name and mailing address <b>TEAM GOLF</b> <b>2221 LUNA RD</b> <b>CARROLLTON, TX 75006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.479	Nonpriority creditor's name and mailing address <b>TECHNASONIC ELECT., INC</b> <b>3700 W MORSE AVEE</b> <b>LINCOLNWOOD, IL 60712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.480	Nonpriority creditor's name and mailing address <b>TECHNIQUE GOLF LLC</b> <b>TIGER SHARK GOLF</b> <b>26020 MOUND ROAD</b> <b>WARREN, MI 48091</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.481	Nonpriority creditor's name and mailing address <b>TECSYS INC.</b> <b>75 REMITTANCE DRIVE</b> <b>CHICAGO, IL 60675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,909.00</b>
3.482	Nonpriority creditor's name and mailing address <b>TEEDUP PRODUCTS</b> <b>16138 HWY 169</b> <b>MILACA, MN 56353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.483	Nonpriority creditor's name and mailing address <b>TEHAMA</b> <b>PORTER CAPITAL</b> <b>PO BOX 12105</b> <b>BIRMINGHAM, AL 35202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.484	Nonpriority creditor's name and mailing address <b>Telic U.S.A.</b> <b>PO Box 433</b> <b>Oceanside, NY 11572</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.485	Nonpriority creditor's name and mailing address <b>TERRY SUTTON</b> <b>897 S WASHINGTON</b> <b>HOLLAND, MI 49423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.486	Nonpriority creditor's name and mailing address <b>THE CIT GROUP/COMMERCIAL SERVICES PO BOX 1036 CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$704.00</b>
3.487	Nonpriority creditor's name and mailing address <b>THE CIT GROUP/COMMERICAL SERVICES, INC PO BOX 1036 CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.488	Nonpriority creditor's name and mailing address <b>THE GAME 16 DOWNING DR PO BOX 2516 PHENIX CITY, AL 36868-2516</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.489	Nonpriority creditor's name and mailing address <b>THE GREAT PUT ON INC G3240 W PASADENA FLINT, MI 48504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.490	Nonpriority creditor's name and mailing address <b>THE LBH GROUP LTD 18700 CRENSHAW BLVD TORRANCE, CA 90504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.491	Nonpriority creditor's name and mailing address <b>THE OTTER COMPANY PO BOX 1102 BIRMINGHAM, MI 48012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.492	Nonpriority creditor's name and mailing address <b>THE PUTTING ARC, INC PO BOX 165 732 ROMIE HILL AVE SHANNON, MS 38868</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.493	Nonpriority creditor's name and mailing address <b>THE ROCK AT WOODMOOR PRO SHOP</b> <b>26 MAXTON ROAD</b> <b>DRUMMOND ISLAND, MI 49726</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.494	Nonpriority creditor's name and mailing address <b>THE SOCKYARD COMPANY INC</b> <b>1430 BROADWAY SUITE 1615</b> <b>NEW YORK, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.495	Nonpriority creditor's name and mailing address <b>THE SPEED STIK</b> <b>11711 ARBOR ST</b> <b>OMAHA, NE 68144</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.496	Nonpriority creditor's name and mailing address <b>THE TOP FLITE GOLF CO</b> <b>CALLAWAY GOLF</b> <b>P O BOX 9002</b> <b>CARLSBAD, CA 92018-9002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.497	Nonpriority creditor's name and mailing address <b>THE TWISTER COMPANY</b> <b>PO BOX 2058</b> <b>101 MERROW ROAD</b> <b>AUBURN, ME 04211-2058</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,962.00</b>
3.498	Nonpriority creditor's name and mailing address <b>THE WEATHER COMPANY</b> <b>PO BOX 726</b> <b>HUGER, SC 29450</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.499	Nonpriority creditor's name and mailing address <b>THOM DAMON</b> <b>157 NAIRN CIRCLE</b> <b>HIGHLAND, MI 48357</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.500	Nonpriority creditor's name and mailing address <b>THOM DAMON 157 NAIRN CIRCLE HIGHLAND, MI 48357</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.501	Nonpriority creditor's name and mailing address <b>TIFOSI OPTICS 1051 INDUSTRIAL BOULEVARD WATKINSVILLE, GA 30677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.502	Nonpriority creditor's name and mailing address <b>TIN CUP 7223 LEE HIGHWAY SUITE 100 FALLS CHURCH, VA 22046</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.503	Nonpriority creditor's name and mailing address <b>TITLEIST PO BOX 88112 CHICAGO, IL 60695-1112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,639.00</b>
3.504	Nonpriority creditor's name and mailing address <b>TMAX GEAR WELLS FARGO TRADE CAPITAL SERVICES, INC PO BOX 360286 PITTSBURGH, PA 15250-6286</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,703.00</b>
3.505	Nonpriority creditor's name and mailing address <b>TMAX GEAR WELLS FARGO CENTURY, INC P O BOX 360286 PITTSBURGH, PA 15250-6286</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.506	Nonpriority creditor's name and mailing address <b>TMAX GEAR 701 PENNEL STREET HENDERSON, KY 42420</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$141,985.00</b>

3.507	Nonpriority creditor's name and mailing address <b>TO GOLF</b> <b>599 BRIGGS PLACE</b> <b>SUPERIOR, CO 80027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.508	Nonpriority creditor's name and mailing address <b>TOM DEATON</b> <b>4444 E GRAND RIVER</b> <b>HOWELL, MI 48843</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.509	Nonpriority creditor's name and mailing address <b>TOMMY BAHAMA GROUP, INC</b> <b>C/O TOMMY BAHAMA</b> <b>12564 COLLECTIONS CENTE DRIVE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.510	Nonpriority creditor's name and mailing address <b>TOSHIBA FINANCIAL SERVICES</b> <b>PO BOX 790448</b> <b>ST. LOUIS, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,383.00</b>
3.511	Nonpriority creditor's name and mailing address <b>TOUR EDGE GOLF MANUF.</b> <b>1301 PIERSON DRIVE</b> <b>BATAVIA, IL 60510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.512	Nonpriority creditor's name and mailing address <b>TOUR GOLF GROUP</b> <b>1301 PIERSON DRIVE</b> <b>BATAVIA, IL 60510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,290.00</b>
3.513	Nonpriority creditor's name and mailing address <b>Town Talk Mfg Co Inc</b> <b>6310 Cane Run Rd</b> <b>Louisville, KY 40258-2814</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,470.00</b>

3.514	Nonpriority creditor's name and mailing address <b>TREASURES &amp; TRINKETS, INC</b> <b>60 HILLIARD STREET</b> <b>MANCHESTER, CT 06040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.515	Nonpriority creditor's name and mailing address <b>TRG GROUP</b> <b>2047 WESTPORT CENTER DR</b> <b>ST LOUIS, MO 63146</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.516	Nonpriority creditor's name and mailing address <b>TRIONZ</b> <b>1815 ASTON AVE</b> <b>SUITE 104</b> <b>CARLSBAD, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.517	Nonpriority creditor's name and mailing address <b>TRU ALIGN GOLF</b> <b>PO BOX 532048</b> <b>LIVONIA, MI 48153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.518	Nonpriority creditor's name and mailing address <b>TRUE TEMPER SPORTS</b> <b>PO BOX 403492</b> <b>ATLANTA, GA 30384-3492</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,056.00</b>
3.519	Nonpriority creditor's name and mailing address <b>TRUE TEMPER SPORTS</b> <b>PO BOX 403492</b> <b>ATLANTA, GA 30384-3492</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.520	Nonpriority creditor's name and mailing address <b>TRUGREEN-FLINT 2784</b> <b>PO BOX 9001125</b> <b>LOUISVILLE, KY 40290</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,115.00</b>

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3.521	<b>Nonpriority creditor's name and mailing address</b> <b>TURFER ATHLETIC</b> <b>400 MASSASOIT AVE</b> <b>SUITE 300</b> <b>EAST PROVIDENCE, RI 02914</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.522	<b>Nonpriority creditor's name and mailing address</b> <b>TWICE FRAMING</b> <b>1757 LARCHWOOD</b> <b>TROY, MI 48083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.523	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. CUSTOMS AND BORDER PROTECTION</b> <b>PO BOX 530071</b> <b>ATLANTA, GA 30353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,874.00</b>
3.524	<b>Nonpriority creditor's name and mailing address</b> <b>UNDER ARMOUR</b> <b>P.O. BOX 791022</b> <b>BALTIMORE, MD 21279-1022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,603.00</b>
3.525	<b>Nonpriority creditor's name and mailing address</b> <b>UNDER ARMOUR</b> <b>P.O. BOX 791022</b> <b>BALTIMORE, MD 21279-1022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.526	<b>Nonpriority creditor's name and mailing address</b> <b>UNIQUE CONCEPT</b> <b>1841 BRENNER ST</b> <b>SAGINAW, MI 48602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,211.00</b>
3.527	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED MARKETING</b> <b>1801 W 4TH ST.</b> <b>MARION, IN 46952</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.528	Nonpriority creditor's name and mailing address <b>UNITED SPORTS TECHNOLOGIE</b> <b>14950 FAA BLVD</b> <b>SUITE 200</b> <b>FORT WORTH, TX 76155</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.529	Nonpriority creditor's name and mailing address <b>UPLAYTECH</b> <b>2185 Faraday Ave</b> <b>Ste 130</b> <b>CARLSBAD, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.530	Nonpriority creditor's name and mailing address <b>UPS</b> <b>PO BOX 3049</b> <b>WEST COLUMBIA, SC 29171</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,863.00</b>
3.531	Nonpriority creditor's name and mailing address <b>US KIDS GOLF</b> <b>PO BOX 934000</b> <b>ATLANTA, GA 31193-4000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.532	Nonpriority creditor's name and mailing address <b>USBANK A TFS PROGRAM</b> <b>301 NORTH TUCKER BLVD</b> <b>ST. LOUIS, MO 63101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,539.00</b>
3.533	Nonpriority creditor's name and mailing address <b>V.O. BAKER DISTRIBUTING C</b> <b>P.O. BOX 55</b> <b>MENTOR, OH 44061-0055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.534	Nonpriority creditor's name and mailing address <b>VANTAGE APPAREL</b> <b>PO BOX 60</b> <b>100 VANTAGE DRIVE</b> <b>AVENEL, NJ 07001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.535	Nonpriority creditor's name and mailing address <b>VERIZON WIRELESS</b> <b>P.O. BOX 15062</b> <b>ALBANY, NY 12212-5062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,756.00</b>
3.536	Nonpriority creditor's name and mailing address <b>VIRTUALLY PERFECT GOLF</b> <b>44125 12 MILE RD</b> <b>SUITE E115</b> <b>NOVI, MI 48377</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.537	Nonpriority creditor's name and mailing address <b>VISTA DESIGN STUDIO</b> <b>5620 PASEO DEL NORTE</b> <b>PO BOX 127-212</b> <b>CARLSBAD, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$414.00</b>
3.538	Nonpriority creditor's name and mailing address <b>VOLVIK USA INC</b> <b>9436 SOUTHRIDGE PARK CT</b> <b>SUITE 400</b> <b>ORLANDO, FL 32819</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.539	Nonpriority creditor's name and mailing address <b>WABEEK COUNTRY CLUB</b> <b>4000 CLUBGATE DRIVE</b> <b>BLOOMFIELD HILLS, MI 48302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,759.00</b>
3.540	Nonpriority creditor's name and mailing address <b>WALNUT CREEK COUNTRY CLUB</b> <b>C/O JEREMY LATHWELL</b> <b>25501 JOHNS RD</b> <b>SOUTH LYON, MI 48178</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.541	Nonpriority creditor's name and mailing address <b>WASTE MANAGEMENT</b> <b>550 NORTH CENTER AVENUE</b> <b>CAROL STREAM, IL 60186</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.00</b>

3.542	Nonpriority creditor's name and mailing address <b>Weatherproof Garment Company</b> <b>4 BRYANT PARK, 12TH FLOOR</b> <b>NEW YORK, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.543	Nonpriority creditor's name and mailing address <b>Were &amp; Betzen Sales</b> <b>4850 Westgate Road</b> <b>Minnetonka, MN 55345</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.544	Nonpriority creditor's name and mailing address <b>WES BENEDICT</b> <b>4668 MT BRIGHTON DR</b> <b>BRIGHTON, MI 48116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.545	Nonpriority creditor's name and mailing address <b>WEST COAST TRENDS, INC.</b> <b>17811 JAMESTOWN LANE</b> <b>HUNTINGTON BCH, CA 92647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.546	Nonpriority creditor's name and mailing address <b>WholesaleGrips Inc</b> <b>18050 15 Mile Rd</b> <b>Fraser, MI 48026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.547	Nonpriority creditor's name and mailing address <b>WILD SALES, LLC</b> <b>17401 TILLER COURT</b> <b>SUITE A</b> <b>WESTFIELD, IN 46074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.548	Nonpriority creditor's name and mailing address <b>WILDCAT GOLF WEAR</b> <b>500 S PALM CANYON STE #</b> <b>PALM SPRING, CA 92264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.549	Nonpriority creditor's name and mailing address <b>WILSON GOLF DIVISION PO BOX 3135 CAROL STREAM, IL 60132-3135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.550	Nonpriority creditor's name and mailing address <b>WILSON SPORTING GOODS CO. PO BOX 3135 CAROL STREAM, IL 60132-3135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,273.00</b>
3.551	Nonpriority creditor's name and mailing address <b>WIN'S ELECTRICAL G3490 S SAGINAW STREET BURTON, MI 48529</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$371.00</b>
3.552	Nonpriority creditor's name and mailing address <b>WINDSONG SPORT 1599 POST ROAD EAST WESTPORT, CT 06880</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.553	Nonpriority creditor's name and mailing address <b>WINDSOR &amp; YORK PO BOX 2617 PALM BEACH, FL 33480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.554	Nonpriority creditor's name and mailing address <b>WINN INCORPORATED 15648 COMPUTER LANE HUNTINGTON BCH, CA 92649</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.555	Nonpriority creditor's name and mailing address <b>WINNER MATE REMIT: CIT GROUP/COMM. SE P O BOX 1036 CHARLOTTE, NC 28201-1036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.556	Nonpriority creditor's name and mailing address <b>WINNING EDGE DESIGNS, LLC</b> <b>P.O. BOX 947</b> <b>HIGHSTOWN, NJ 08520</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.557	Nonpriority creditor's name and mailing address <b>WITTEK GOLF SUPPLY</b> <b>3865 COMMERICAL AVE</b> <b>NORHTBROOK, IL 60062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.558	Nonpriority creditor's name and mailing address <b>WOMEN'S GOLF UNLIMITED</b> <b>180 GLORIA LANE</b> <b>FAIRFILED, NJ 07004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.559	Nonpriority creditor's name and mailing address <b>YOUNG AND BASILE P.C.</b> <b>3001 WEST BIG BEAVER RD</b> <b>TROY, MI 48084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,694.00</b>
3.560	Nonpriority creditor's name and mailing address <b>YOUNG LEISURE GOLF CO. LTD.</b> <b>1655 HERITAGE OAKS COURT</b> <b>TARPON SPRINGS, FL 34689</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$193.00</b>
3.561	Nonpriority creditor's name and mailing address <b>YOUNG R BASILE, P.C.</b> <b>301 E LIBERTY STREET</b> <b>ANN ARBOR, MI 48104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,436.00</b>
3.562	Nonpriority creditor's name and mailing address <b>Yurbuds</b> <b>27239 Network Place</b> <b>Chicago, IL 60673-1272</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **King Par, LLC a/k/a KC Acquisition Company LLC**  
Name

Case number (if known) **16-31984**

3.563 Nonpriority creditor's name and mailing address

**Zero Friction**  
**1 Trans Am Plaza Drive**  
**Ste 540**  
**Oakbrook Terrace, IL 60181**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$0.00**

3.564 Nonpriority creditor's name and mailing address

**ZEVO GOLF**  
**42005 ZEVO DRIVE**  
**TEMECULA, CA 92590**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$0.00**

### Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

### Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

#### Total of claim amounts

5a. \$ **6,055.62**

5b. + \$ **5,509,516.00**

5c. \$ **5,515,571.62**